

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

107537512

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/	/		
3			/	/		
4			/	/		
5			/	/		
6			/	/		
7			/	/		
8			/	/		
9			/	/		
10			/	/		
11			/	/		
12			/	/		
13			/	/		
14			/	/		
15			/	/		
16			/	/		
17			/	/		
18			/	/		
19			/	/		
20			/	/		
21			/	/		
22			/	/		
23			/	/		
24			/	/		
25			/	/		
26			/	/		
27			/	/		
28			/	/		
29			/	/		
30			/	/		
31			/	/		
32			/	/		
33			/	/		
34			/	/		
35			/	/		
36			/	/		
37			/	/		
38			/	/		
39			/	/		
40			/	/		
41			/	/		
42			/	/		
43			/	/		
44			/	/		
45			/	/		
46			/	/		
47			/	/		
48			/	/		
49			/	/		
50			/	/		
TOTAL IND.		↓	10	↓		↓
TOTAL DEP.		←	40	←		←
TOTAL CLAIMS			50			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
55				/		
56				/		
57				/		
58				/		
59				/		
60			/	/		
61			/	/		
62			/	/		
63			/	/		
64			/	/		
65			/	/		
66			/	/		
67			/	/		
68			/	/		
69			/	/		
70			/	/		
71			/	/		
72			/	/		
73			/	/		
74			/	/		
75			/	/		
76			/	/		
77			/	/		
78			/	/		
79			/	/		
80			/	/		
81			/	/		
82			/	/		
83			/	/		
84			/	/		
85			/	/		
86			/	/		
87			/	/		
88			/	/		
89			/	/		
90			/	/		
91			/	/		
92			/	/		
93			/	/		
94			/	/		
95			/	/		
96			/	/		
97			/	/		
98			/	/		
99			/	/		
100			/	/		
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	18	←		←
TOTAL CLAIMS			22			